



# MEMBER ADDRESS CHANGE FORM

Mail completed forms to:  
Pearl Harbor Federal Credit Union  
ATTN:Call Center Dept.  
94-449 Ukee St.  
Waipahu, HI 96797

<b>INDIVIDUAL(S)</b> Primary Member: _____ Joint Member: _____ Joint Member: _____	<b>MEMBERSHIP NUMBER(S)</b> Please change the address for the following accounts: Provide the last 4 digits of the membership numbers _____ _____
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**New Residence Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**New Mailing Address**  Check here if same as above

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**New Phone Numbers**

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Pearl Hawaii Federal Credit Union to change the address for all individual(s) and membership number (s) listed above. ALL future correspondence will be sent to the address listed above. **(Forms submitted without a signature will not be accepted)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Credit Union use only**

Received by:  In branch  Mail  Fax  Email  Other

Verified ID \_\_\_\_\_ Valid in branch only (initial) Verified Signature \_\_\_\_\_ (initial)

Debit card  Yes  No Card # \_\_\_\_\_ Bill Pay  Yes  No

VISA  Yes  No Last 4 digits \_\_\_\_\_ IRA  Yes  No

Update completed by: \_\_\_\_\_ 18  20   
Employee name please print

Manager/Supervisor/Senior MSR verified with information in XP2: \_\_\_\_\_  
Please print